FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR FORM LIMITED OFFERING EXEMPTION

OMB APPROVAL					
OMB Number: 3235-007					
Expires:	May 31, 2005				
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hours per response16.00					

SEC USE ONLY					
Prefix			Serial		
DATE RECEIVED					
	1	1			

Name of Offering ( check if this is an amendment and name has changed, and ind			
Offering of Limited Partnership Interests in Taylor Insurance Series LP - Se	nes A		11 TO THE RESERVE OF THE PARTY
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 Type of Filing: ☐ New Filing ☒ Amendment	Section 4(6)	ULOE	
A. BASIC IDENTIFICATIO	ON DATA		04049681
1 Enter the information requested about the issuer			
Name of Issuer ( check if this is an amendment and name has changed, and indicat	e change.)		
Taylor Insurance Series LP - Series A			
Address of Executive Offices (Number and Street, City,	State, Zip Code)	Telephone N	lumber (Including Area Code)
100 Crescent Court, Suite 525, Dallas, TX 75201		(214) 775-43	200
Address of Principal Business Operations (Number and Street, City, (if different from Executive Offices)	Number (Including Area Code)		
Brief Description of Business			
Private Investment Partnership			PROCECO
Type of Business Organization			JEOSED .
corporation	other (p	lease specify):	Maria
business trust limited partnership, to be formed			2 2004 E
Actual or Estimated Date of Incorporation or Organization: 12 UT3 Z Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abl			THOMSON FINANCIAL
GENERAL INSTRUCTIONS			
Endorale			

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

### A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers General and/or Check Box(es) that Apply: Promoter ☐ Director Managing Partner Full Name (Last name first, if individual) Taylor Investment Advisors LP Business or Residence Address (Number and Street, City, State, Zip Code) 100 Crescent Court, Suite 525, Dallas, TX 75201 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner of the General Partner Full Name (Last name first, if individual) TIAGP Inc. Business or Residence Address (Number and Street, City, State, Zip Code) 100 Crescent Court, Suite 525, Dallas, TX 75201 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner of General Partner Full Name (Last name first, if individual) Taylor, Jason Michael Business or Residence Address (Number and Street, City, State, Zip Code) c/o Taylor Investment Advisors LP, 100 Crescent Court, Suite 525, Dallas, TX 75201 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Executive Officer Check Box(es) that Apply: Promoter ☐ Beneficial Owner General and/or Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Executive Officer Director General and/or Beneficial Owner Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

B. INFORMATION ABOUT OFFERING													
	Hac the	iggues a chi	المستحددة		y y de la constant	U 1			11.1	0		Yes	No 57
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?						$\boxtimes$						
2	Answer also in Appendix. Column 2, if filing under ULOE.						§ 500,	000*					
2.	What is the minimum investment that will be accepted from any individual?							·					
3.	Does the offering permit joint ownership of a single unit?						Yes	No □					
4.													
	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
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		e Financia											
			Address (N			ty, State, Z	ip Code)						
			uite 525, D		75201								
			oker or Dea	aler									
		e Financia											.,
State			Listed Has										
	(Check	"All States	or check	individual	States)		**************	••••••				🛛 Al	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
		[IN]		KS]	KY		ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	[NH]	NI	NM)	NY	NC	ND	OH	OK	OR	PA
	RI	SC	[SD]	TN	TX	TUT	VT	[VA]	₩A]	WV	WI	WY	PR
	لنتنا	لخننا	1782			<u> </u>	لنبا			نن	٠٠٠٠	ست	
Full	Name (L	ast name	first, if indi	vidual)				·					
Busi	iness or	Residence	Address (N	Number an	d Street, C	ity, State, I	Lip Code)						
Nam	ne of Ass	ociated Br	oker or Der	aler									
State	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)	***************************************	**************	************		***************************************	***************************************	☐ Al	l States
	AL	ΛK	AZ.	(AR)	[CA]	CO	CT	DE	[DC]	FL	GΑ	HI	ID
	Ī	ĪN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NII	[N]	NM)	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VΛ	WA	WV	WI	WY	PR
Full			first, if ind										
<del>D</del>		Davida	A d d ()		d China 4 C	Van Cana	7:- 0-4-1						
Business or Residence Address (Number and Street, City, State, Zip Code)													
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States)						☐ Al	1 States						
	AL	AK	AZ	ĀR	CΛ	CO	CT	DE	DC	FL	GA	HI	ID
	11.	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NI	NM	NY	NC	ND	ОН	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Г	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	গুলিকার জন্মালে (১৯৯৮ <b>র</b>
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		Total III AND THE REAL PROPERTY.
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	;-0-	s-0-
		5-0-	\$-O-
	Common Preferred		<u> </u>
	Convertible Securities (including warrants)	<u>s-0-</u>	<u>\$-0-</u>
	Partnership Interests	1,000,000,000*	<b>\$4,000,000</b>
	Other (Specify)	3-0-	\$-0-
	Total		\$4,000,000
	Answer also in Appendix, Column 3, if filing under ULOE.		
	the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."  Accredited Investors	Number Investors	Aggregate Dollar Amount of Purchases § 4,000,000
	Non-accredited Investors		s -0-
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		<b>\$-0-</b>

\* The Issuer is offering an unlimited amount of Series A limited partnership interests. The Issuer does not expect to sell in excess of

Printing and Engraving Costs....

Accounting Fees
Engineering Fees

Sales Commissions (specify finders' fees separately)

Other Expenses (identify)

\$1,000,000,000 in Series A limited partnership interests. Actual sales may be significantly lower.

Total .....

\$\_-0-

\$<del>-</del>0-

\$5,000 \$15,000

\$10,000

	C. OFFERING PRICE, NUMBE	R OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	THE PERSON NAMED IN COLUMN STATES OF THE PERSON
	b. Enter the difference between the aggregate offering and total expenses furnished in response to Part C — Q proceeds to the issuer."	uestion 4.a. This difference is the "adjusted gross		\$999,985,000*
5.	Indicate below the amount of the adjusted gross proceeds of the purposes shown. If the amount for any check the box to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part C	purpose is not known, furnish an estimate and ne payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		] \$ <u>-0-</u>	\$ <u>-0-</u>
	Purchase of real estate		\$ <u>-0-</u>	□ \$ <u>-0-</u>
	Purchase, rental or leasing and installation of machi	nery [	] \$ <u>-0-</u>	\$ <u>-0-</u>
	Construction or leasing of plant buildings and facili	ties	\$ <u>-0-</u>	\$-0-
	Acquisition of other businesses (including the value offering that may be used in exchange for the assets issuer pursuant to a merger)	¬\$-0	\$-0-	
	Repayment of indebtedness			\$-0-
	Working capital		\$ <u>-0-</u>	<b>⋈</b> \$999,985,000*
	Other (specify):		\$ <u>-0-</u>	<u>s-0-</u>
			\$ <u>-0-</u>	\$-0-
	Column Totals	[	\$ <u>-0-</u>	\$999,985,000*
	Total Payments Listed (column totals added)	<b>⊠</b> \$ <u>99</u>	9,985,000*	
		D. FEDERAL SIGNATURE		
sig the	e issuer has duly caused this notice to be signed by the unature constitutes an undertaking by the issuer to furnitinformation furnished by the issuer to any non-accreduce (Print or Type)	sh to the U.S. Securities and Exchange Commiss dited investor pursuant to paragraph (b)(2) of R	sion, upon writte	tle 505, the following on request of its staff,
	ylor Insurance Series LP - Series A	( / /	November 9, 20	04
		Title of Signer (Print or Type) regident of TIAGP Inc., the general partner of		
Ja		rendent of TIAGP Inc., the general partner of the general partner	i i ayıor investm	ient Advisors LP,

# - ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

<sup>\*</sup> The Issuer is offering an unlimited amount of Series A limited partnership interests.

The Issuer does not expect to sell in excess of \$1,000,000,000 in Series A limited partnership interests. Actual sales may be significantly lower.